

Name in Full

Infant of *Wm* and *Mary Allbright*

Died at *Weverton* *Washington* County MARYLAND

Date 19*02* *Aug* *26* Month Day Y. M. D. Age *17* Native of *Ind* Occupation
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ *Single* ~~Widower~~ Number of ~~children~~ living

Husband of
Wife

Father's Name *William Allbright* Mother's Name *May Holmes*

Cause of Death { *Primary* *Malaria* How long sick *17 days*
Immediate ~~Accident, Suicide, Homicide~~

Reported by *L. H. Pect & Bro.*
Address *Brunswick* *Ind* *105*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No One in Attendance

Name in Full

Certificate of Death

Hazel Elizabeth Anders

Town

County

Died at

MARYLAND

Date 1902

102

Aug. 12

Age

00

5

28

Md.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

Primary

Immediate

Bin. Ross Anders

Cholera Infantum

General Debility

Lydia J. Bisen

4 days

J. H. W. Richard M.D.

Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lydia Ann Bloom

Town

Fairplay

County

Washington

MARYLAND

Died at

Date 1902

Month

Day

Aug 7

Y.

M.

D.

Age

68. 3. 3

Native of

Md

Occupation

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Fatty Heart(?)

How long sick

6 Months

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

W.M. Reichard M.D.

Address

Fairplay Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Edna Mary Bonner

CERTIFICATE OF DEATH

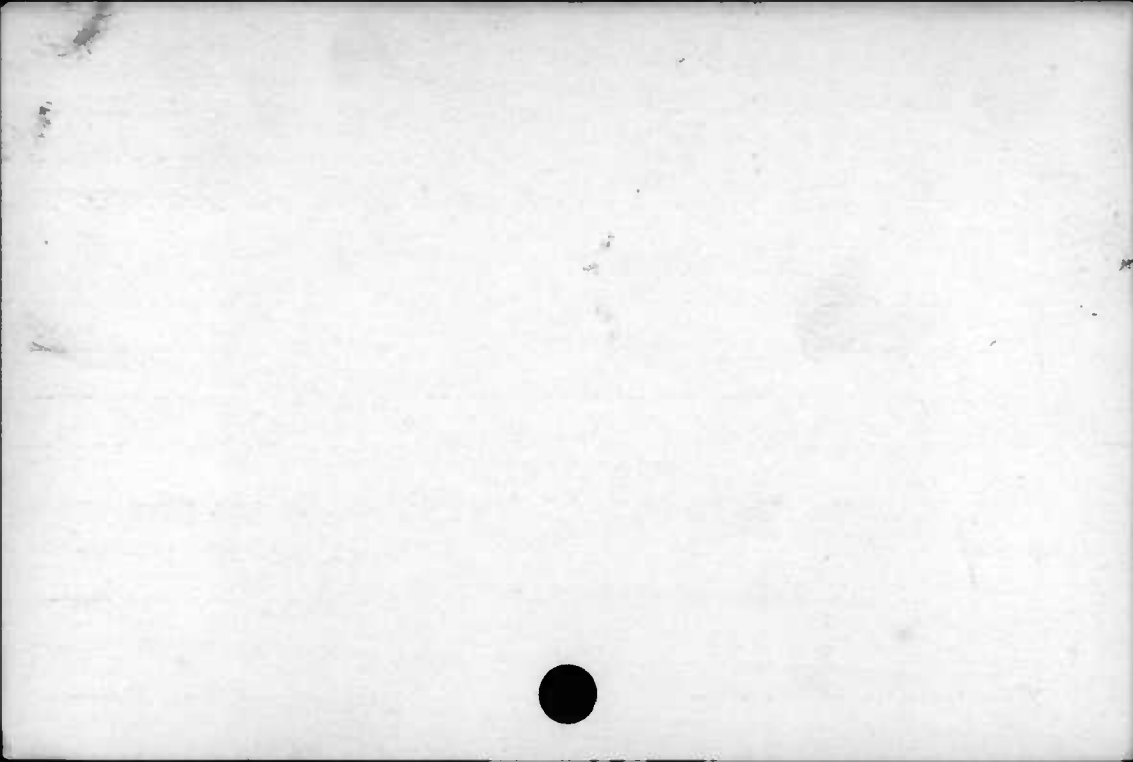
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>8</i>	Day <i>6</i>	Age <i>—</i>	Months <i>—</i>	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Franklin Bonner</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Eva Davis</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Erysipilis</i>	<i>18</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L M Watkins</i>
<i>m</i> <i>See</i>	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name
in
Full

Jennette Brown

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

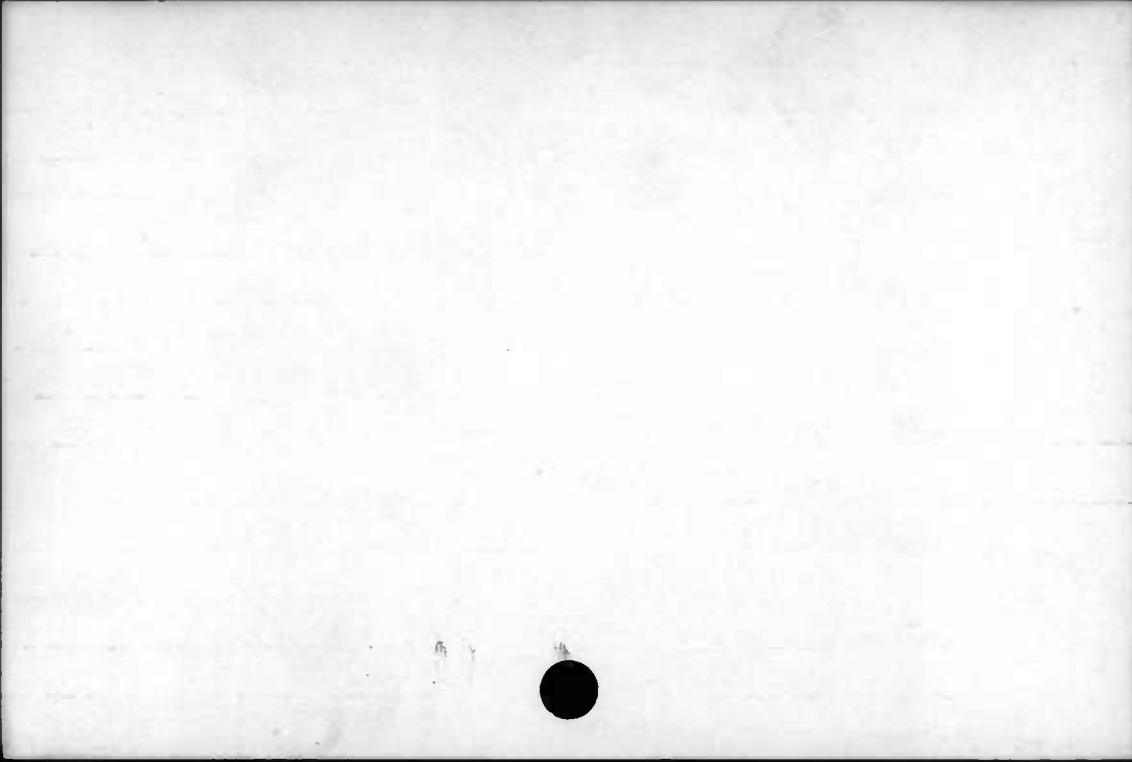
Died at <i>Hagerstown</i> ^{Town}			<i>Washington</i> ^{County}			MARYLAND	
Date of death 190 <i>2</i>		Month <i>8</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>	Days <i>8</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Hagerstown</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Samuel Jackson</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Margaret Brown</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Samuel Jenkins</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary		How long <i>151</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. M. Watkins</i>	
<i>L. M. Watkins</i>		Address <i>Undertaker</i>	
Accident or Suicide?			



Name
in
Full

Mrs. Alice P. Carnahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Keedysville</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date <u>Aug. 16</u> of death 190 <u>2</u>	<u>Aug.</u> ^{Month}	<u>Saturday 16th</u> ^{Day}	<u>48 yrs</u> ^{Years}	<u>6</u> ^{Months}	<u>29</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Mercersburg, Pa</u>		
Married, <u>Yes</u> No			Occupation <u>House wife</u>		
Name of Wife or Husband <u>Alice P. Carnahan</u>					
Father's Name <u>Harmon Hauser</u>			Father's Birthplace <u>Two Taverns, Pa</u>		
Mother's Maiden Name <u>Dusan Minicko</u>			Mother's Birthplace <u>Don't know</u>		
Name of person giving information <u>Rev. B. R. Carnahan</u>			How related to deceased <u>Husband.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hereditary Influence</u> ²⁷	How long <u>49 yrs</u>
Immediate <u>Tuberculosis</u>	How long <u>2 years</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. M. Atchison M.D.</u>
	Address <u>Keedysville Md.</u>
<u>Accident or Suicide?</u>	



Name
in
Full

Margaret Cearfoss.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Cearfoss		^{County} Washington		MARYLAND	
Date of death 190	2	Month Aug.	5	Day	Age 66
Sex Female	Color White	Birth-place Penna.			
Married - Widowed	Simon Cearfoss	Occupation Housewife			
Name of Wife Husband Simon Cearfoss					
Father's Name — Maguire		Father's Birthplace Penna.			
Mother's Maiden Name not known		Mother's Birthplace —			
Name of person giving In formation Mrs. Lewis Seibert		How related to deceased daughter.			

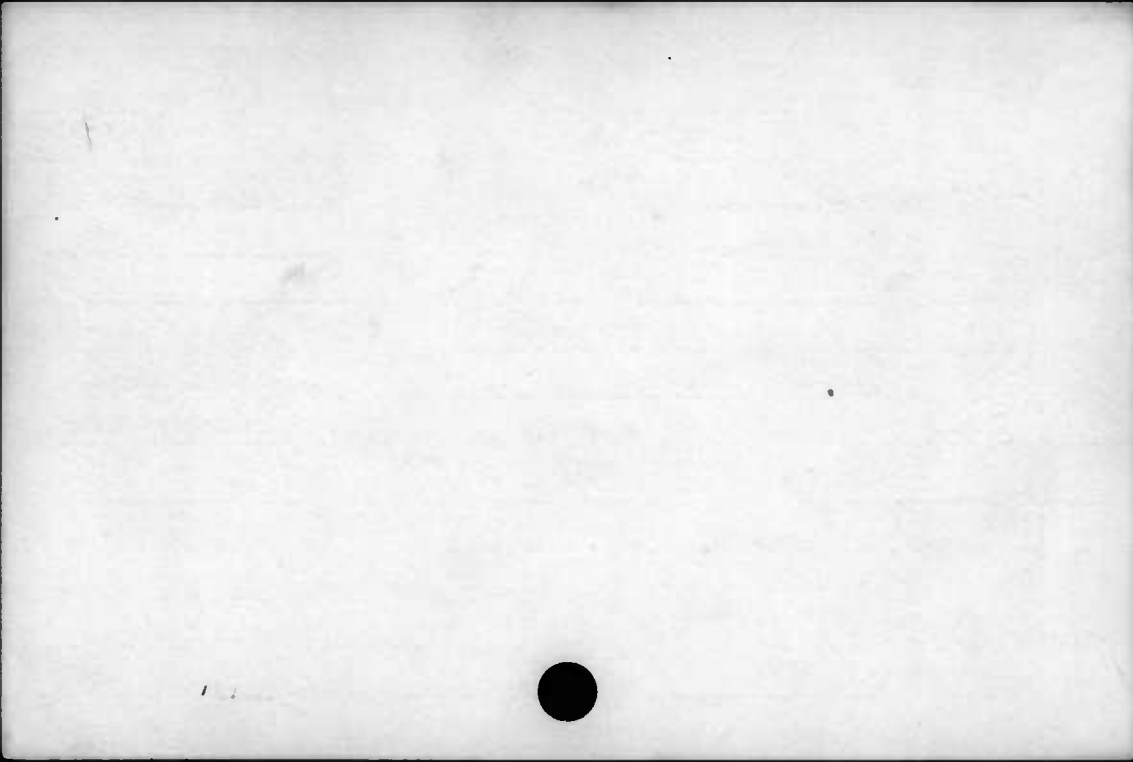
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Stomach trouble	How long 9 weeks
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? <i>ya</i>	Signature of Physician E. C. Frankman
	Address S. A. 9 2000
Accident? Suicide?	

J. H. Baughman
sub reg—

Name in Full		Gene Catharine Banner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Hagerstown</u>		County <u>Washington</u>		MARYLAND		
	Date of death 190	2	Month	8	Day	30	Age
			Years	21	Months	—	Days
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>MD</u>		
	Married, Single or Widowed <u>Single</u>		Occupation				
	Name of Wife or Husband						
	Father's Name <u>Felix Banner</u>				Father's Birthplace		
	Mother's Maiden Name <u>Barbara Knemberger</u>				Mother's Birthplace		
Name of person giving information <u>Mother</u>				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Typhoid fever</u>				How long <u>18 da's</u>		
	Immediate <u>Exhaustion</u>				How long <u>"</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>W. P. Miller</u>		
					Address <u>Hagerstown Md</u>		
	Accident or Suicide?						



Name in Full Arrie C. Cox		CERTIFICATE OF DEATH	
Died ^{near} Sharpsburg ^{Town}		Washington ^{County}	
Date of death 190 ² Aug ^{Month} 26 ^{Day}		Age ^{Years} 2 ^{Months} 6 ^{Days} 1	
Sex Female		Color or Race White	
Married, Single or Widowed		Birth-place ^{near} Sharpsburg	
Occupation			
Name of Wife or Husband			
Father's Name William C. Cox		Father's Birthplace ^{near} Sharpsburg	
Mother's Maiden Name Daisy Hyland		Mother's Birthplace ^{near} Sharpsburg	
Name of person giving information Wm C. Cox & wife		How related to deceased Father & Mother	
CAUSES OF DEATH			
Primary Des. Colitis		How long about 15 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. M. Gammitt	
		Address Sharpsburg, Md.	
Accident or Suicide?			

Chas. S. Wade
undertaker

Certificate of Death

Died at 3 miles N. Shadensburg Washington MARYLAND

Date 1902	Month Aug.	Day 11	Age 47.3.5	Y. M. D.	Native of Ark	Occupation Farmer
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		four

Father's Name Wm O. Cox Mother's Maiden Name Reb. Knowl.

Cause of	Primary <i>Atrophic Dilatation of Heart</i>	How long sick
Death	Immediate <i>Pulmonary Edema</i>	Accident, Suicide, Homicide

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eugene Markes
Undertaker.

Name in Full

Certificate of Death

Still born infant

Died at ^{Town} Bakersville ^{County} Washington MARYLAND

Date 19 02 ^{Month} Aug ^{Day} 18 | Age | ^{Y.} ^{M.} ^{D.} | Native of | Occupation

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of

Wife

Father's Name Wm Cunningham | Mother's Name Florence Sweeney

Cause of Death { ^{Primary} Still born | How long sick

^{Immediate} | Accident, Suicide, Homicide

Reported by V.M. Richard

Address Fairfax Wash, Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Alice Anne Letron
 Town County

Died at

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

8

9

Age

61-6-6

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

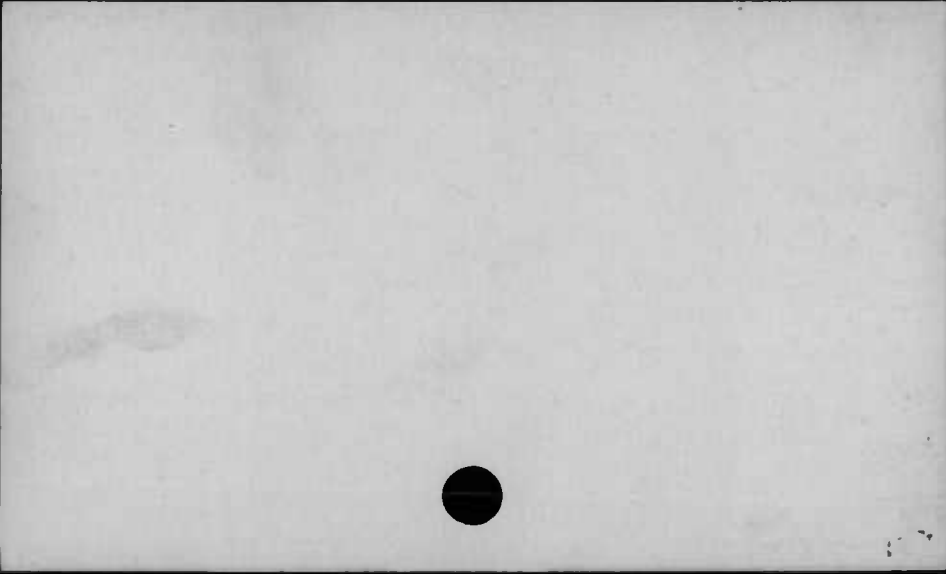
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

William Fagan.

CERTIFICATE OF DEATH

Penn.
MARYLAND

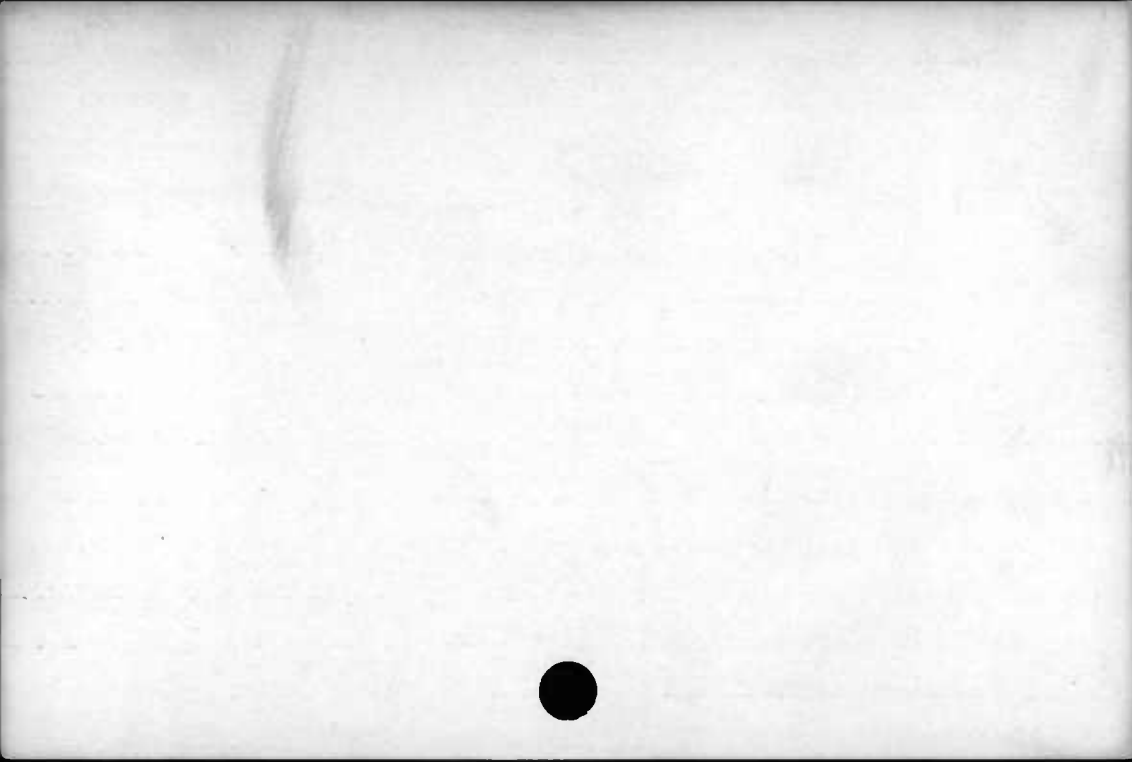
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rochester		County Beaver			
Date of death 190	2	Month aug	12	Day	Age	22	Years
Sex		male		Color or Race		White	
Married, Single or Widowed		single		Occupation		R. R. Fireman.	
Name of Wife or Husband							
Father's Name				John Fagan			
Mother's Maiden Name				Sarah Sailer.			
Name of person giving In formation				John Fagan			
Father's Birthplace				Ireland.			
Mother's Birthplace				Maryland.			
How related to deceased				Father.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	166
Immediate	R. R. Accident	How long	9 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of C. M. Suter Undertaker	
yes		Address Hagerstown, Md.	
Accident or not ?			



Name in Full

Certificate of Death

Emma Creech Faith

Town

County

Died at

Hanover

Wash.

MARYLAND

Date 19

02

Month

Day

8 3

Age

Y.

M.

D.

Native of

Occupation

1 10 27

Md.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Hans J. Faith

Mother's

Maiden Name

Mary E. English

Cause of

Primary

Dysentery

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. P. Higgins

14

Address

Hennrich

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19203



Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thomas Gallagher

Died at ^{Town} Bellvue ^{County} Washington MARYLAND

Date 19 02 ^{Month} Aug ^{Day} 7 Age 76 ^{Y.} — ^{M.} — ^{D.} — ^{Native of} Ireland ^{Occupation} Laborer

^{Male} Male ^{White} White ^{Married} Married ^{Widow} Widow ^{Divorced} Divorced

^{Female} Female ^{Colored} Colored ^{Single} Single ^{Widower} Widower ^{Number of children living} 0

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

3 weeksAccident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

John Wesley Gant

Died at *Washington Co. Alushona* *Washington*

MARYLAND

Date of death 190 *2* Month *Aug* Day *4* Age *76* Years Months Days

Sex *male* Color or Race *Black* Birth-place

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name *(was a slave.)* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information — How related to deceased

CAUSES OF DEATH

Primary *Senility* *154* How long *3 weeks*
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *M. J. Morrison*

Address *Hagerstown Md.*

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

David Gossard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hagerstown		Washington		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
2		8	30	75		6	28
Sex		Male		Color or Race		White	
				Birth-place		Pa	
Married, Single or Widowed		Married		Occupation		Farmer	
Name of Wife or Husband		Margaret		Nathaniel			
Father's Name		Lee Gossard		Father's Birthplace			
Mother's Maiden Name		Catherine Enode		Mother's Birthplace			
Name of person giving information		Wife		How related to deceased			

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary	Suppuration of Breast Gland & Bladder		How long	Seven months
Immediate	Bladder & Prostate		How long	Same months
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Lee B. Boyle M.D.	
Accident or Suicide?				

JH Baughman
sub reg

Name in Full

Certificate of Death

104

David H^{rs} Harsh
 Died at Rock Hill ^{Town} Washington ^{County} MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 19 02 Aug - 8 Age 42 Yrs
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Frank. Harsh Mother's Fannie Fern Funk
 Name Maiden Name

Cause of Death { Primary Malnutrition - 151 How long sick 9 days
 Immediate Weakness Accident, Suicide, Homicide

Reported by W. S. Richards J. F. Kups
 Address Williamstown Md. Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. Hoffman
J. Seuer.

Name
in
Full

Charles P. Hastle

CERTIFICATE OF DEATH

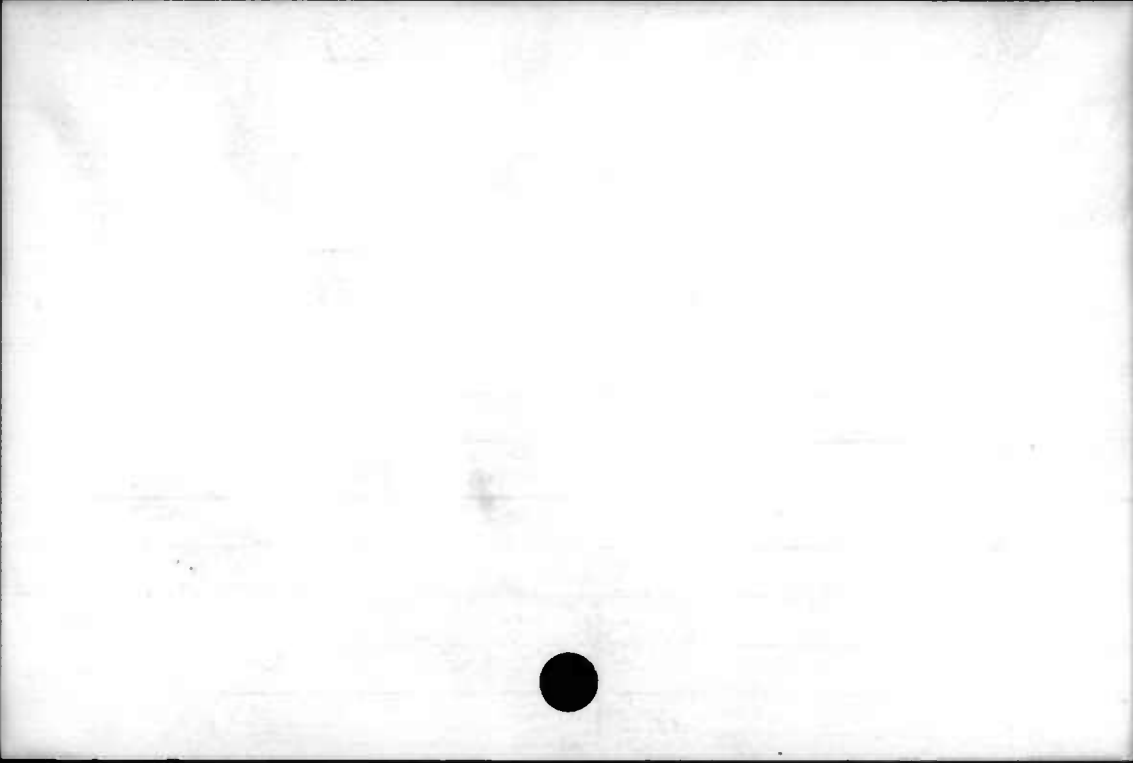
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death 190	2	Month Aug	15	Day	Age 56	Years	Months 3
Sex	Male		Color or Race	White		Birth- place	Leicesterburg
Married, Single or Widowed	Married			Occupation Liquor Dealer			
Name of Wife or Husband	Cora E. Spessard						
Father's Name	Jacob Hastle					Father's Birthplace	Leitersburg
Mother's Maiden Name	Augusta Koutz					Mother's Birthplace	Leitersburg
Name of person giving in formation	Bea Hastle					How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis		How long	66	several years
Immediate	Exhaustion		How long		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		
			Address Hagerstown, Md.		
Accident or Suicide?					



Name
in
Full

Sallie Hause

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death 1904	Month Aug	Day 14	Age 47	Years	Months	Days	
Sex Female		Color or Race Colored		Birth- place N Va			
Married, Single or Widowed				Occupation			
Name of Wife or Husband Elijah Hause							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation A K Boffman				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropped dead	How long	Twenty hours
Immediate	Exhaustion	How long	Few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name in Full

Certificate of Death

O. Ellen Hays
 Died at Fairplay Washington MARYLAND
 Date 1902 Aug 19 Age 63-11-19 Native of Md Occupation Housewife
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 6

Husband of Samuel Hays
 Wife
 Father's Name John W. Cross Mother's Name Matilda Shusman
 Maiden Name

Cause of Death Primary Chronic Enteritis How long sick 3 weeks
 Immediate Exhaustion 106
 Accident, Suicide, Homicide

Reported by W. M. Reichard M.D.
 Address Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hershbarger

Town

County

Died at

Long Meadow Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

2

Age

1

6

Md

—

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

John Hershbarger Mary Hornbraster

How long sick

9 days

Cause of

Primary

Cholera Infantum

Death

Immediate

Cetso Mical Meug

Accident, Suicide, Homicide

Reported by

J. H. W. Gishard M.D.

Address

Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Henry Hill

CERTIFICATE OF DEATH

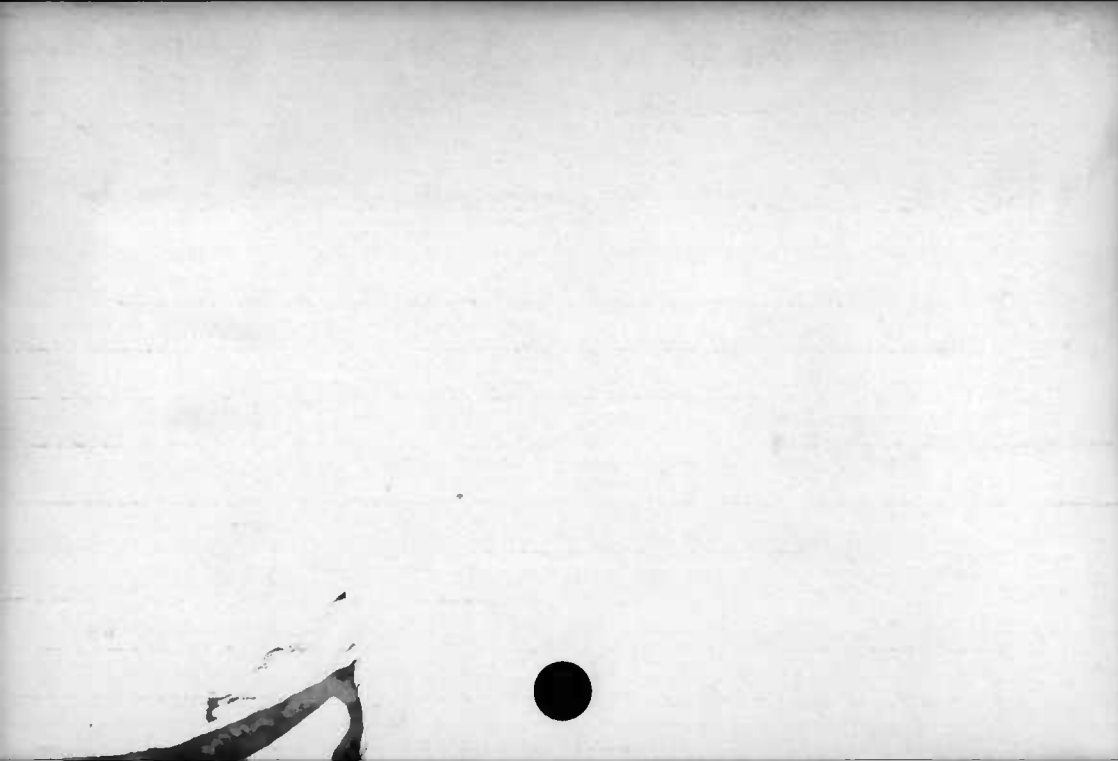
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death 190 <u>2</u>	<u>8</u> <small>Month</small>	<u>16</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>8</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place			
Married, Single or Widowed <u>—</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Henry Carpenter</u>			Father's Birthplace		
Mother's Maiden Name <u>Gertie Hill</u>			Mother's Birthplace		
Name of person giving information <u>Mother</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Exhaustion</u>	How long <u>151</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>L. M. Wathen</u>	Address <u>Undertaker</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Mable R. Holmes

Died at

Town
Winneton

County

Washington

MARYLAND

Date 19 02 Month Aug Day 28 Y. 3 M. D. Native of Md Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband
of

Wife

Father's Name
Geo. M. HolmesMother's
Maiden Name

Emma J. Harrison

Cause of Primary Cholera Infantum

Death Immediate

How long sick

1 week

Accident, Suicide, Homicide

Reported by

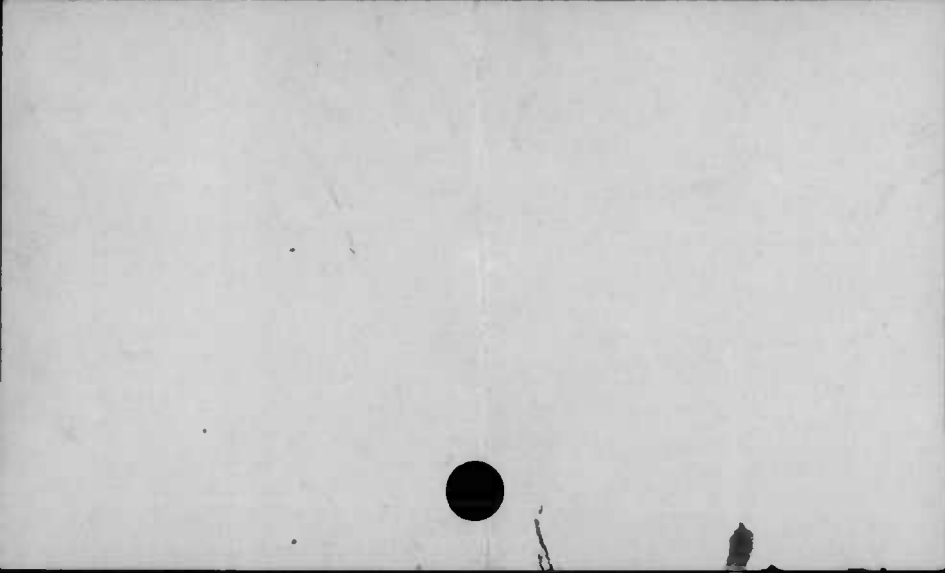
Lina West

Address

Oremouth

105
Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Infant of May Holmes

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 15

Age

- - 4

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Genl decline

4 days

Death

Immediate

Unknown

151

Accident, Suicide, Homicide

Reported by

C. H. R. + R. D. B. R.

Address

Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Information given by
Geo M Holmes
Grandfather of the child
No Doctor in attendance

Name In Full

Certificate of Death

Died at

Date 1902

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

of

Mother's

Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

LIBRARY BUREAU, 79894

File 1014-20

Name in Full

Certificate of Death

John Russell Hose
 Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date ~~1902~~ 1902 ^{Month} 8 ^{Day} 1 ^{Y.} ^{M.} ^{D.} 8 ^{Native of} Maryland ^{Occupation}
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widow~~ Number of children living

Husband of
 Wife
 Father's Name Samuel Hose
 Mother's Name Emma Thvinger

Cause of Death { Primary Tetanus Infantum
 Immediate Exhaustion
 How long sick 3 days
 Accident Suicide Homicide

Reported by E. H. Schindler, M.D.
 Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, CHICAGO



Name
in
Full

CERTIFICATE OF DEATH

Mrs Mary C Jones

Town

County

MARYLAND

Died at *Hagerstown*

Washington

Date

Month

Day

Years

Months

Days

of death 190*2*

8

12

Age

39

11

9

Sex

Female

Color or
Race

White

Birth-
place

Ohio

Married, Single
or Widowed

Widow

Occupation

Housewife

Name of Wife or
Husband

J. C. L. Jones

Father's
Name

Wm. Russ

Father's
Birthplace

Mother's
Maiden Name

Lydia Rhine

Mother's
Birthplace

Name of person giving
In formation

Sister

How related
to deceased

CAUSES OF DEATH

Primary

Heart

How long

Some months

Immediate

Heart

How long

Some month

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. B. Boyle M.D.

Address



Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Sallie E Gumpfer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>6</i>	Day <i>18</i>	Age <i>76</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Lotharings Gumpfer</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Sallie Wideman</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i> <i>14</i>	How long <i>3 weeks</i>
Immediate <i>Eth Insultion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. A. Harbison</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Andrew Jacob Kershner

Town

County

Died at

Dry Run

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

8 - 5'

Age

65'

Md

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 3

Husband

of

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hannah Lesher

Mother's

Andrew J. Kershner

Maiden Name

Susan Spickler

How long sick

1 year

~~Accident, Suicide, Homicide~~Tuberculosis
Mania

L. P. Snyder, Undertaker

Clearspring Maryland

Information received
from Jacob Kershner

Leslie Lounman

Town

County

Died March 11, 1902

Washington

MARYLAND

Date 1902 Aug 4 Age 0 7-29 wch cr.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

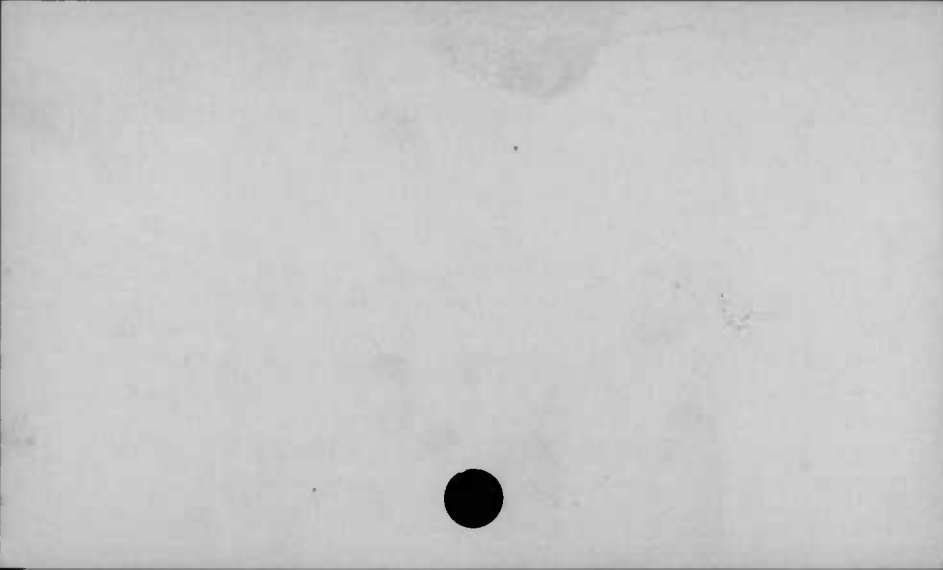
Father's Name Frank Lounman Mother's Maiden Name Mabel M. Canby

Cause of Death Primary Cholera Infantum
 Immediate 105 How long sick 3 days
 Accident, Suicide, Homicide

Reported by H. R. Gantt

Address Lutzsburg wool co. ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Samuel M. Cline
 Town County

106

Died at *Williamsport* *Washington* MARYLAND

Date 19 *Aug* *25* - Y. M. D. *23* Native of *md* Occupation *Laborer*
 Male *White* Married *Widow* Divorced *Single* Number of children living

Husband of *Lidia Ann Kline*
 Wife *Archie* Mother's Name *Lena*

Cause of Death { Primary *Dropsy* Immediate *177* How long sick *6 mo.*
 Accident, Suicide, Homicide

Reported by *J. H. Krebs* Undertaker

Address *Williamsport Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jacob E McGowan

Died at ^{Town} Near Trego ^{County} Washington. ^{State} MARYLAND

Date 19 02 Aug 12 Age 3 5 17 Native of Md Occupation none

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of

Wife

Father's Name Wm E McGowan Mother's Name Mary E Holmes

Cause of Death { Primary Immediate Cholera Infantum } How long sick 7 Days

105

Accident, ~~Crime~~, Homicide

Reported by L E Sumner & Son

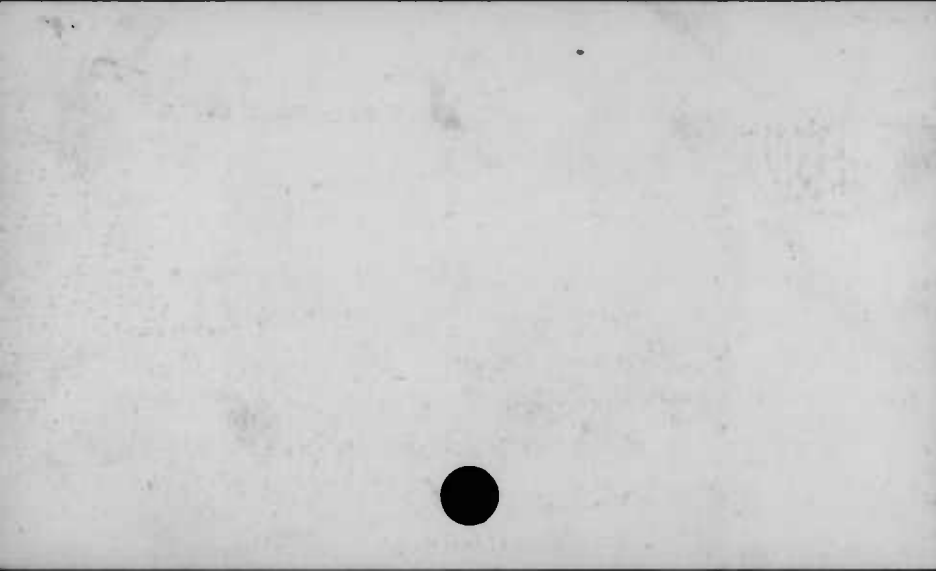
Address Kaysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at		Town <i>Sandy Hook</i>		County <i>Washington</i>		MARYLAND	
Date 189 <i>1902</i>		Month <i>Aug</i>		Day <i>26</i>		Y. M. D. <i>still born</i>	
Age <i>Infant</i>		Native of <i>Ma</i>		Occupation <i>Infant</i>			
Male <i>Male</i>		White <i>White</i>		Married <i>Single</i>		Widow <i>Widower</i>	
Divorced <i>Number of children living</i>							
Husband of <i>Wife</i>		Father's Name <i>§</i>		Mother's Name <i>Annie Marshall</i>		How long sick	
Cause of Death		Primary <i>Premature birth</i>		Immediate <i>Accident, Suicide, Homicide</i>			
Reported by <i>B. B. Ransom M.D.</i>		Address <i>Harmers Ferry W Va</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Child not named

Died at ^{Town} State Line, Pa. ^{County} Washington MARYLANDDate 1902 ^{Month} Aug ^{Day} 31 ^{Y.} ^{M.} ^{D.} Age 4 mos 19 ^{Native of} ^{Occupation}

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband of
Wife

Father's Name	A C Martin	Mother's Name	Elizabeth Martin
		Maiden Name	

Cause of Death	Primary	Marasmus	105	How long sick 2 weeks
	Immediate	Indigestion		

Reported by

Address

W. C. R. Miller M.D.
Mason & Dixon, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. H. Baughman

sub reg

Name
in
Full

Minnie Carolyn Middlebrauff

CERTIFICATE OF DEATH

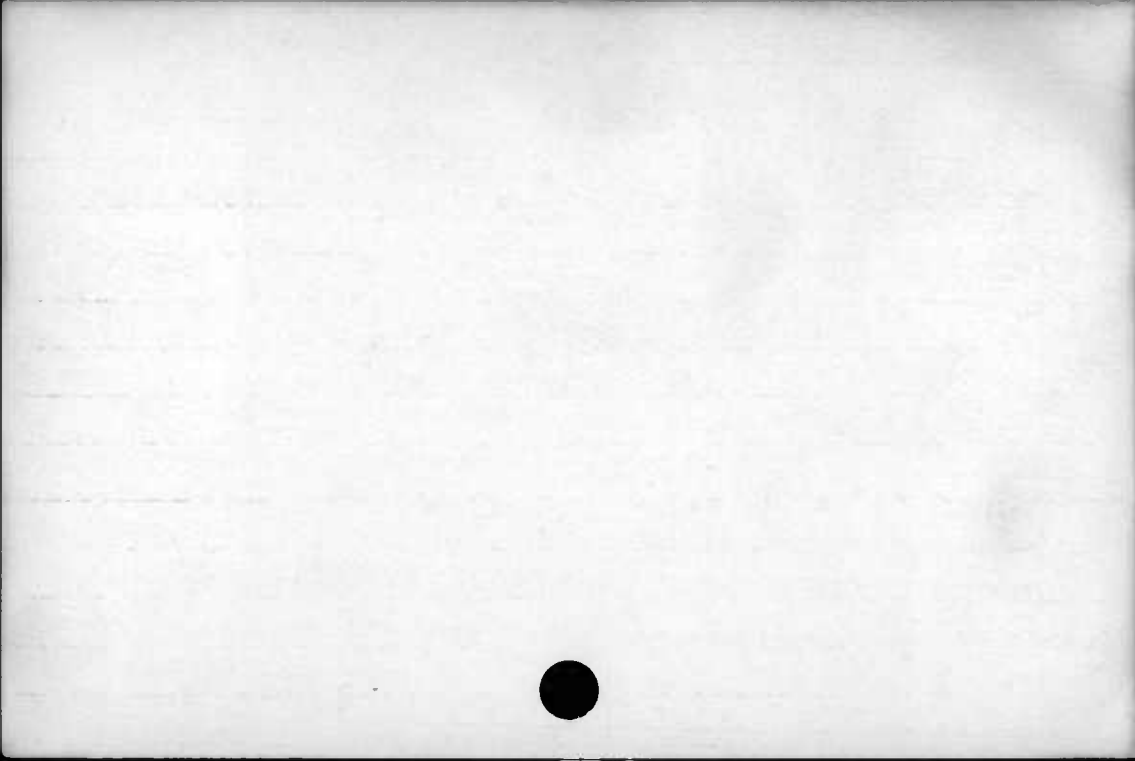
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death 190	2	Month 8	Day 27	Age	Years 44 months	Months 11	Days 26
Sex Female		Color or Race White		Birth- place MD			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name C. B. Middlebrauff				Father's Birthplace			
Mother's Maiden Name Carrie A. Welsh				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	12 da's
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Hagerstown and Washington	
no		Address Washington	
Accident or Suicide?			



Name in Full

Certificate of Death

Genna Irene Agato
 Town County
 Died at Tilghmanton Wash. MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 1892 Aug 11 Age Ad 25
 Male White Married
 Female Single

Husband of 105
 Wife

Father's Name Harry W. Agato Mother's Name Florence Agato

Cause of Death { Primary Cholera Infantum 1 1/2 days
 Immediate Heart Failure
 How long sick 1 1/2 days
 Accident Suicide Homicide

Reported by H. Franklin Schand MD

Address Bakersville Ad

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Samuel Mose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Sharpsburg</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death 190 <i>2</i>	^{Month} <i>Aug.</i>	^{Day} <i>3</i>	Age ^{Years} <i>69</i>	^{Months} <i>11</i>	^{Days} <i>9</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Sharpsburg</i>		
Married <i>Widowed</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Sarah A. Mose</i>					
Father's Name <i>Wm Mose</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Mary A. Painter</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>Annamarie Mose</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>Several years</i>
Immediate <i>Drop in Heart Action</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Hardman</i>
	Address <i>Sharpsburg Md.</i>
Accident or Suicide?	

Chas. S. Wade
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

Samuel Mose.

Town

County

MARYLAND

Died at

Sharpsburg Washington

Date

of death 1902

Month

August

Day

3rd

Age

Years

69.

Months

11.

Days

9.

Sex

Male

Color or
Race

White

Birth-
place

Sharpsburg

Occupation

Laborer

Where Residing if not
at place of death

Sharpsburg

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Sarah

Father's
Name

William Mose

Father's
Birthplace

Sharpsburg

Mother's
 Maiden Name

Liza

Mother's
 Birthplace

Virginia

Name of person giving
Information

Liza Mose.

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Heart Disease with Dropsy

How long

About 2 months

Immediate

Exhaustion with Heart Failure

How long

Instant

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. Howell Carden

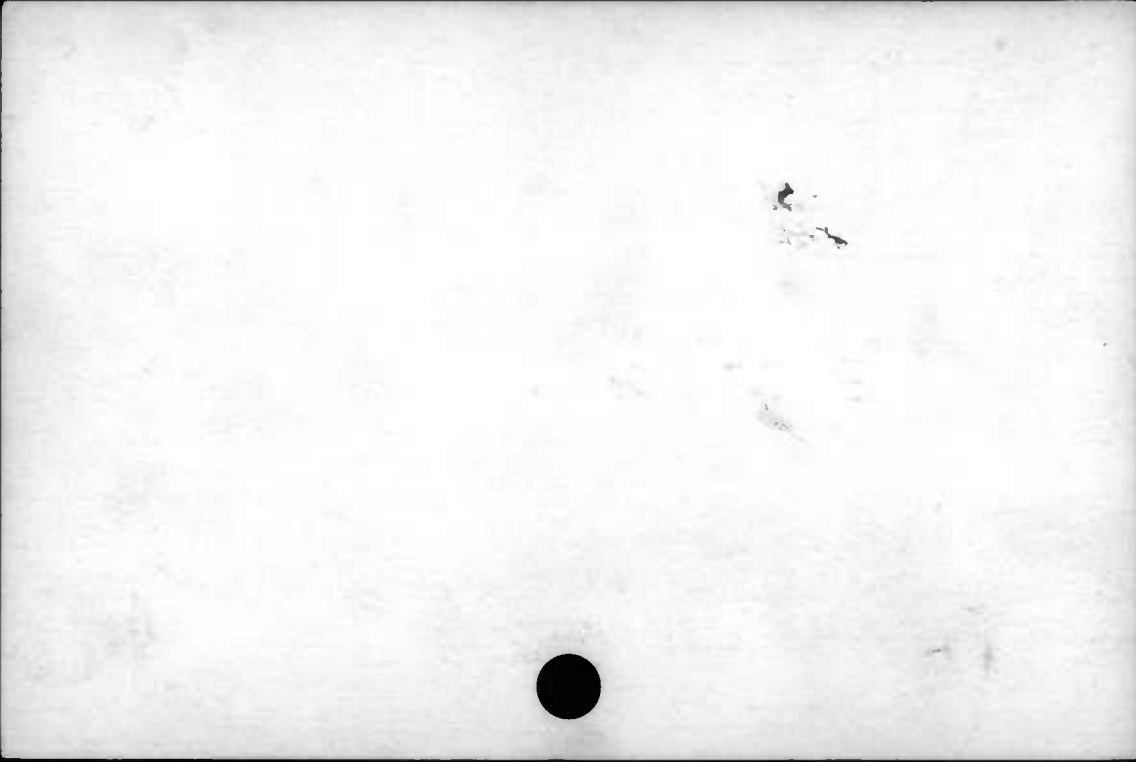
Address

Sharpsburg Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Mary B. Mullen

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8, 31

Age

67, 5, 5

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

9

~~Husband~~ of

Alex. Mullen

Wife

Father's

Name

Mother's

Maiden Name

Children don't know

Cause of

Primary

Old age

How long sick

One year

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

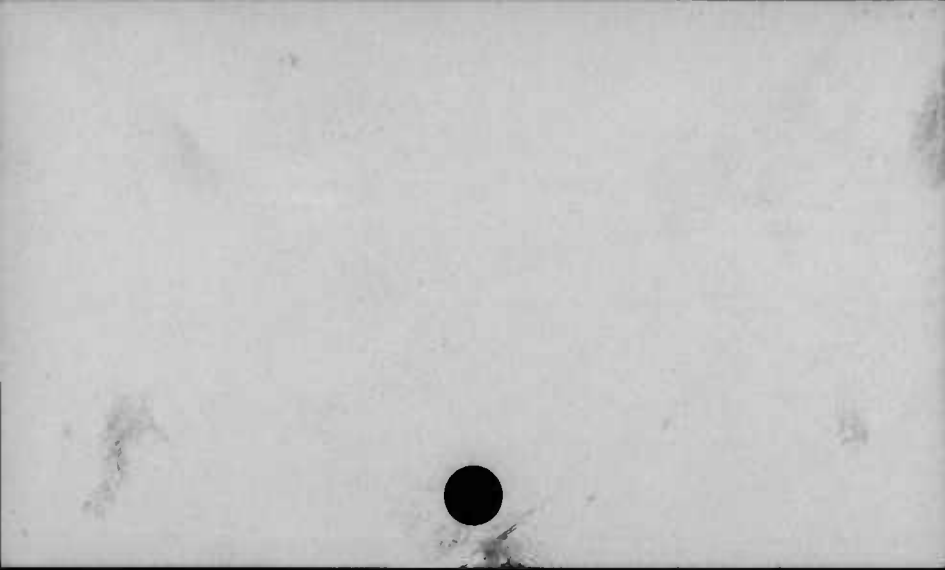
Reported by

Abram Shank. M. D.

Address

Clearspring Washington Co.

Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister.



Name
in
Full

Dorchea Gladie Munshaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death 190	2	Month Aug	Day 25	Age	Years	Months 4	Days
Sex Female		Color or Race White		Birth- place Hagerstown			
Married, Single or Widowed Single				Occupation			
Name of Wife or Husband							
Father's Name James Munshaw				Father's Birthplace			
Mother's Maiden Name Lilly Munshaw				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	2 Monp.
Immediate		How long	105
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A.D. Stauffer	
Address		Hagerstown, Md.	
Accident or Suicide?			



Name
in
Full

Lloyd Grafton Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Sharpburg

Town

Washington

County

MARYLAND

Date

of death 1902

Month

Aug

Day

3

Age

Years

-

Months

11

Days

18

Sex

Male

Color or
Race

white

Birth-
place

Sharpburg

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Harry Myers

Father's
Birthplace

Sharpburg

Mother's
Maiden Name

Myrtie Colbert

Mother's
Birthplace

"

Name of person giving
information

Father

How related
to deceased

CAUSES OF DEATH

Primary

Dis. Colitis

How long

about a week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Ys

Signature of
Physician

Address

L. M. Gammott,
Sharpburg, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

Eugene Barker,
Undertaker.

Name
in
Full

Clarence H. Oster.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death 190	2	Month <i>Aug</i>	Day <i>4</i>	Age <i>41</i>	Years	Months <i>8</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland.</i>				
Married, Single or Widowed	<i>married</i>		Occupation <i>Barber</i>				
Name of Wife or husband <i>Nellie Oster.</i>							
Father's Name <i>Lewis Oster.</i>				Father's Birthplace <i>Pa.</i>			
Mother's Maiden Name <i>Louisa Stahl.</i>				Mother's Birthplace <i>Pa.</i>			
Name of person giving information <i>Lewis Oster.</i>				How related to deceased <i>father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>3 years.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. M. Suter.</i>	
		Address <i>Hagerstown, Md</i>	
Accident or Suicide?			



Name
in
Full

Ellis Owen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Augustown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death 190 <i>2</i> Month <i>August</i> Day <i>18</i>	Age <i>12</i> Years	Months <i>3</i>	Days <i>3</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Augustown Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Student</i>			
Name of Wife or Husband <i>Ellis Owen</i>					
Father's Name <i>Walter Owen</i>			Father's Birthplace <i>Augustown</i>		
Mother's Maiden Name <i>Mary Knode</i>			Mother's Birthplace <i>Augustown</i>		
Name of person giving information <i>Walter Owen</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidentally shot in the breast</i>	How long <i>1</i>
Immediate		How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>C. J. Hayward</i>
	<i>yes</i>	Address <i>Augustown Md</i>
Accident or Suicide?	<i>Accident</i>	



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise

County

Y.

M.

D.

Native of

Occupation

Married

Widow

Divorced

Number of children living

Mother's

Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

coroner, undertaker or minister.

LIBRARY BUFFALO, CROER

Sarah Jane Pierce

Town

Hargan

County

Washington

MARYLAND

1902 Aug. 13

Age

52.6.7

Ind

Occupation

Ind

Male

Wife

Married

Widow

Divorced

Female

Widow

Married

Widow

Number of children living

Six

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise

coroner, undertaker or minister.

LIBRARY BUFFALO, CROER

John W Pierce

Don't. Know

Mother's

Name

Don't. Know

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise

coroner, undertaker or minister.

LIBRARY BUFFALO, CROER

Complication of disease

Exhaustion

A. H. G. Gordin

Charleston

Maryland

Eugene Markes.
Undertaker.

Name in Full *Mary Ellen Poffenberger*
 Town *Locust Grove* County *Washington* MARYLAND
 Died at *Locust Grove*
 Date 1902 *Aug. 5* Month *Aug.* Day *5* Y. *61* M. *10* D. *26* Native of *Maryland* Occupation *Housewife*
 Male *White* Married *Widow* Divorced *Widow* Number of children living *Six*
 Female *Colored* Single *Widow*
 Husband of *Josiah Poffenberger*
 Wife *Henry Dick* Father's Name *Barbara Beachley* Mother's Maiden Name
 Cause of Death { Primary *Apoplexy* Immediate *Cerebral Hemorrhage* How long sick *6 months*
 Reported by *J. Hubert Wade M. D.* Accident, Suicide, Homicide
 Address *Bonnsboro Wash. Co. Md.*



Name In Full

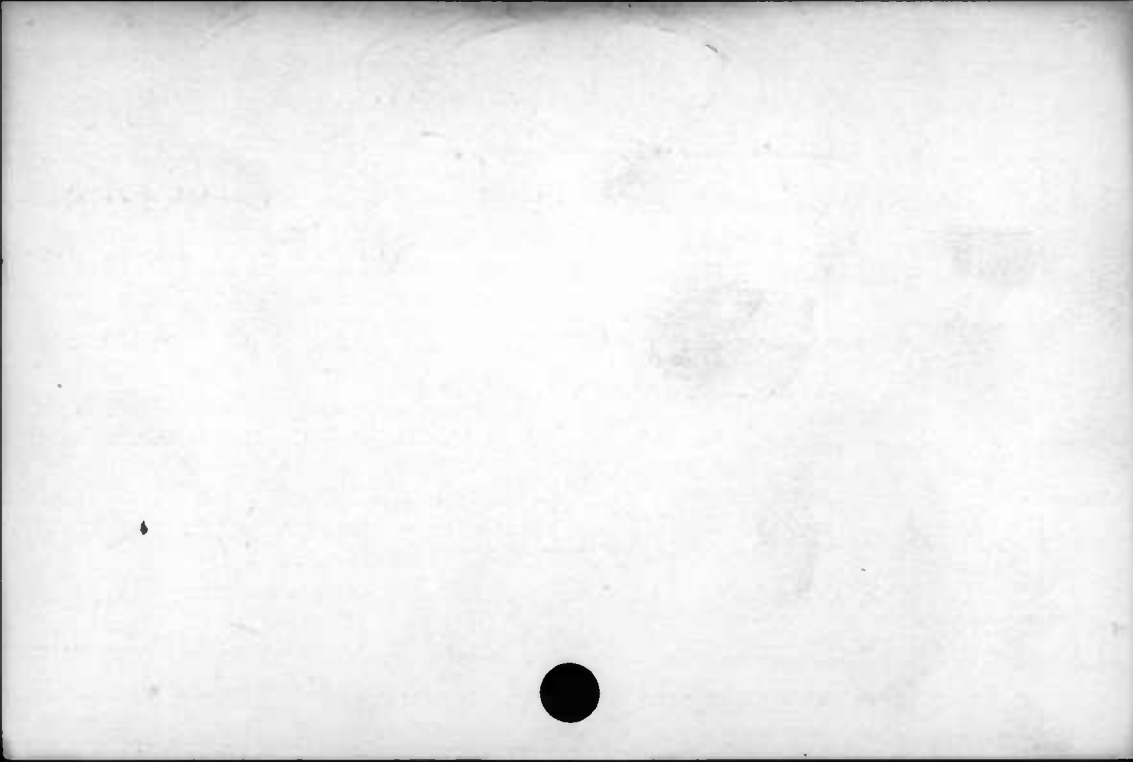
Certificate of Death

Name In Full		Town		County		State	
Lucy Freaner Polack		Hagerstown		Wash.		MARYLAND	
Died at		Month	Day	Y.	M.	D.	Native of
Date 1902		Any	9	28			Ind
Male		White	Married	Widow	Divorced	Occupation	
Female		Colored	Single	Widower	Number of children living		2
Husband of		A. P. Polack					
Wife		A. P. Polack					
Father's Name		Geo. Freaner		Mother's Maiden Name		Faller Fechtig	
Cause of	Primary	Pyæmia					How long sick
	Death	Immediate	Cyanosis 20				
Reported by		A. P. Stumber					
Address		Hagerstown, Md					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Rebecca Posttetter				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} New Salem		^{County} Washington		MARYLAND			
		Date of death 1902	Month Aug.	Day 14 th	Age 75	Years	Months	Days	
		Sex Female		Color or Race White		Birth-place Maryland			
		Married Single Widowed		Occupation		Hesl.			
		Name of Wife or Husband		David Posttetter					
		Father's Name		John Miller		Father's Birthplace		Maryland	
		Mother's Maiden Name		Dallie Lechone		Mother's Birthplace		Maryland	
Name of person giving information		Mrs Andrew Posttetter		How related to deceased		Cousin			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Exhaustion		How long 14			
		Immediate		Exhaustion		How long 14 days			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
		Accident or Suicide?		No		Address			
				Hagerstown Md					



Name In Full

Certificate of Death

Jacob A. Potterfield
 Died at Hagerstown Washington MARYLAND
 Date 1902 8 12 | Age 67 9 27 | Native of Va | Occupation laborer
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living 6

Husband of Mrs Louisa Potterfield
 Wife Adam Potterfield
 Father's Name Adam Potterfield Mother's Maiden Name Mary

Cause of Death { Primary Paralysis | Immediate Wet }
 How long sick Two yrs
 Accident, Suicide, Homicide

Reported by

Address

J. E. Pittmough
Hagerstown
Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rachel Lucia Ridman

CERTIFICATE OF DEATH

Died at ^{Town} *Kraysville*

^{County} *Washington*

State of
MARYLAND

Date
of death 1902

Month

18

Day

14

Age

Years

4

Months

5

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Kraysville

~~Married~~, Single
~~or Widowed~~

Occupation

None

Father's
Name

Charles E Ridman

Father's
Birthplace

Harmony Md

Mother's
Maiden Name

Abbie K Ruel

Mother's
Birthplace

Kraysville

Name of person giving
information

Charles E Ridman

How related
to deceased

Father & Mother

CAUSES OF DEATH

Primary

Artificial Feeding

105

How long

6 months

Immediate

Cholera Infantum

How long

8 days

Are the name, age, sex, color, date
and place correctly given above?

y. es

Signature of
Physician

W. M. Tibbitts M.D.

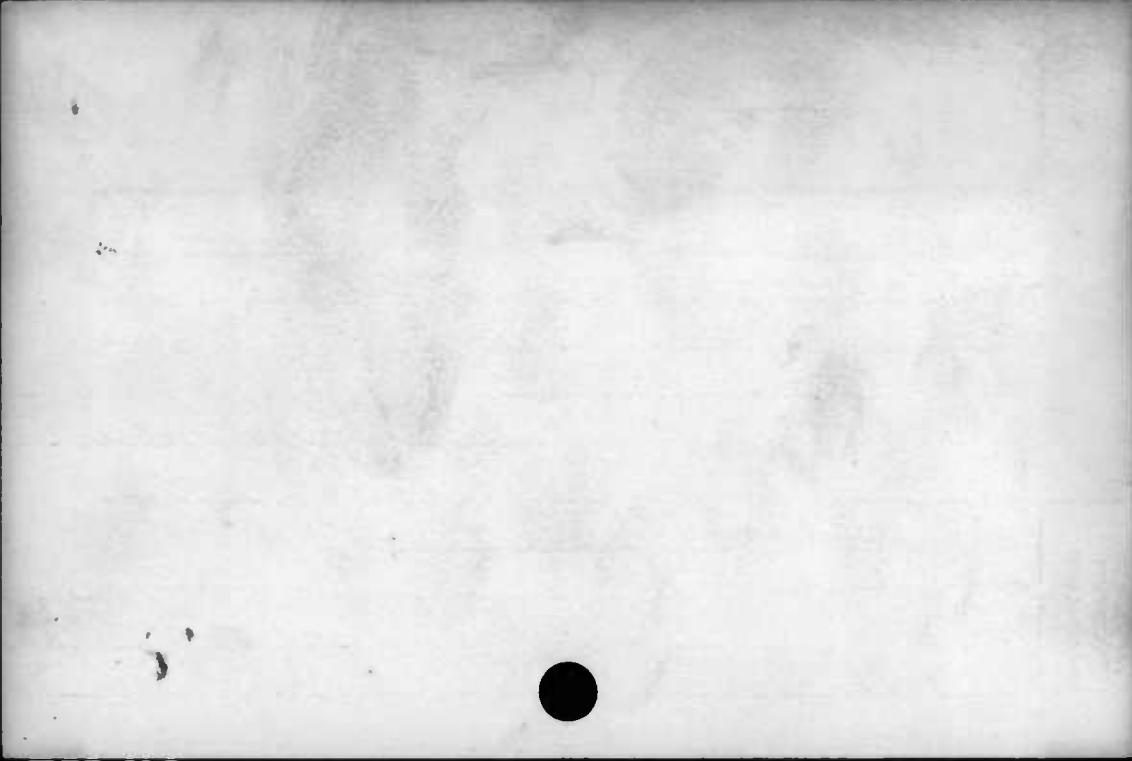
Address

Herpills Md

~~Accident or Suicide?~~

TO BE ANSWERED BY
- NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Solomon B. Rohrer.

CERTIFICATE OF DEATH

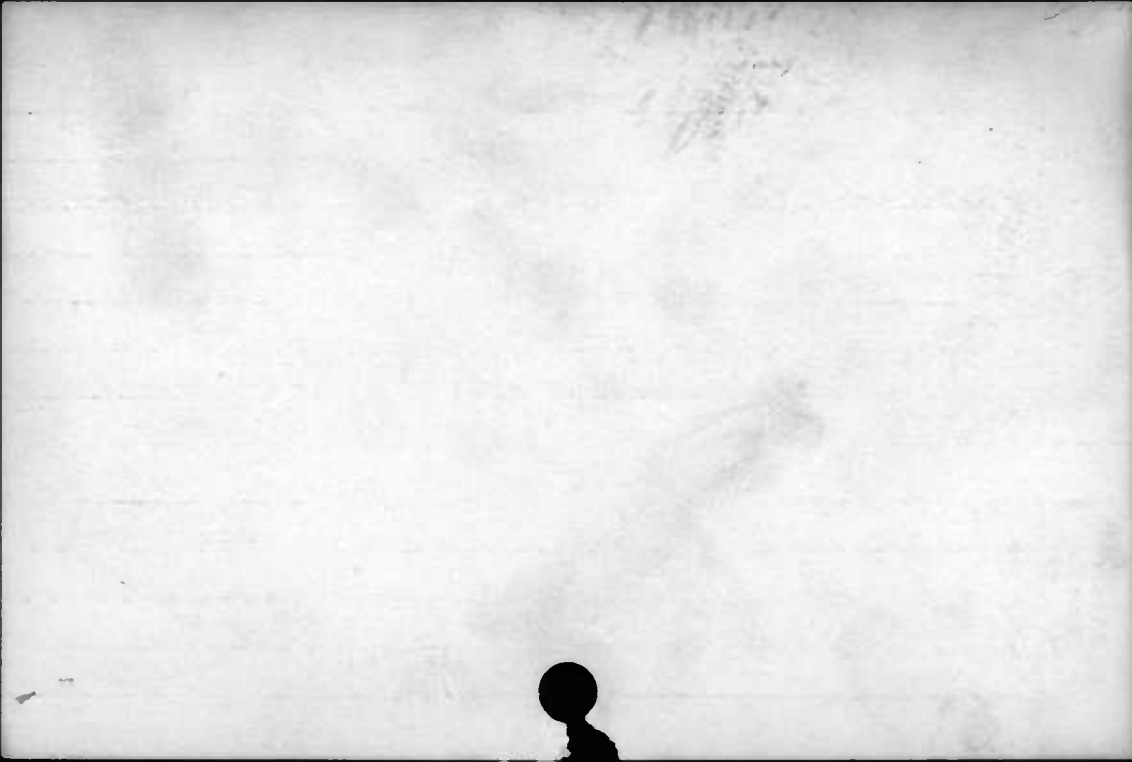
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Hagerstown		^{County} Washington		MARYLAND	
Date of death 190	2	Month	Aug	Day	7
Age	85		Years	Months	—
Sex	male		Color or Race	white	
Married, Single or Widowed	Single		Occupation	Retired Merchant.	
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	154
Immediate	Acute Indigestion	How long	7 or 8 hours
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		A. S. Mason	
Address		Hagerstown	
Accident or Suicide?		No	



Name in Full

Certificate of Death

Martha Lane Rose, Col.

Died at ^{near} ^{Town} Eakles Mill ^{County} Washington

MARYLAND

Date 1902 Month 8 Day 1 Age 19.5.19 Y. M. D. Native of Md Occupation Servant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

John Rose Georgia Ann Rollins

Cause of

Primary

Hereditary Influence

How long sick

1 year

Death

Immediate

Acute Intestinal Tuberculosis

~~Assault, Suicide, Homicide~~

Reported by

H. M. Kihiser M.D. 29

Address

Keedysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Elsie May Shaffer
 Town County

MARYLAND

Died at *Downsville Washington*
 Month Day Y. M. D. Native of Occupation

Date 1902 *8 12* Age *Still born*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Certificate of Death

Freddie Shoff
County

Died at ^{Town} *Waverille* ^{County} *Wash* MARYLAND

Month		Day	Y.	M.	D.	Native of	Occupation
Date 1902	Aug	27	Age	6	11		
Male	White	Married				Divorced	
Female	Colored	Single				Widow	Number of children living

Husband of _____
Wife _____

Father's Name Charles Shoop Mother's Maiden Name 79

Cause of	Primary	How long sick 21 Days
Death	Immediate	Accident, Suicide, Homicide

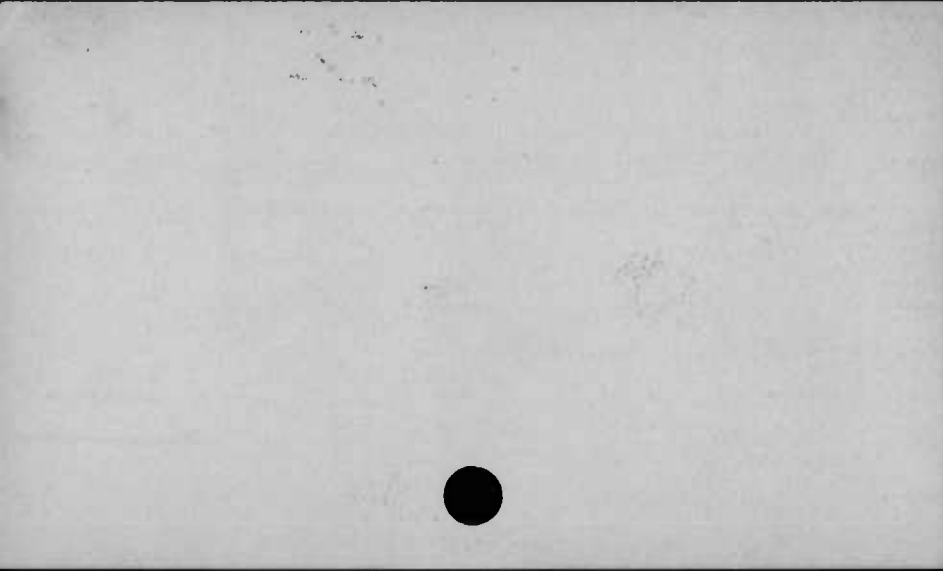
Catastrophic Fever

Reported by Dr. S. P. Davis

Address Bornaboss Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

William E. Sprecher

Town

County

Died at

Fairplay Washington

MARYLAND

Date 1902

Month Day

Age

Y. M. D.

Native of

Occupation

Aug 14

42-6

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mary A. Smith
 Philip Sprecher
 Mother's Name: Marcha Eckman
 Cause of Death: Acute Dysentery
 How long sick: 8 days
 Reported by: W.M. Reichard M.D.
 Address: Fairplay Washington

2000



Died at

Date 1902

Male

Female

Husband

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

James R. Smith
 Town Hancock County Washington MARYLAND
 Died at
 Date 1902 Month 8, Day 15 Age 80, Y. 7, M. 20 D. 20 Native of Virginia Occupation Merchant
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3
 Husband of Maria Hardy. formerly Maria Dawson
 Father's Name John Smith Mother's Maiden Name Barbara Ann Shipley
 Cause of Death { Primary Paralysis of Bowels 4 days
 Immediate Old age
 How long sick 4 days
 Accident, Suicide, Homicide
 Reported by J. West New 54
 Address Hancock Md.



Name in Full

Certificate of Death

Lydia Smith

No 105

Died at ^{Town} Williamsport ^{County} Wash

MARYLAND

Date 19 ^{Month} 02 ^{Day} Aug 26 ^{Y.} 72 ^{M.} 8 ^{D.} 23 ^{Native of} Md ^{Occupation} Housekeeper

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living} 4

Husband of Fred Smith

Father's Name John Spangh

Mother's Maiden Name

Cause of Death { Primary General debility

Immediate weakness

How long sick 154

Accident, Suicide, Homicide

Reported by Mrs Richard Fox

Address Williamsport Md J M Miller Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Still born Child of Henry ^{Strock} & Fanny ^{Strock}

CERTIFICATE OF DEATH.

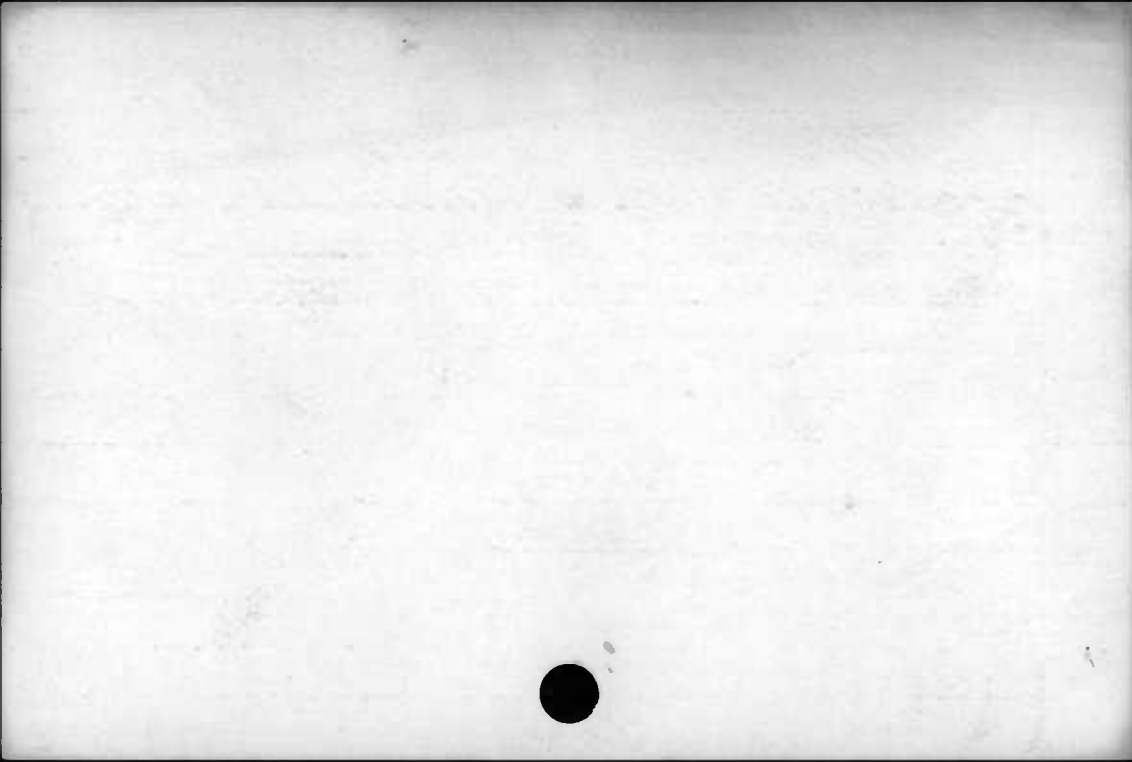
TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Hagerstown		^{County} Washington		MARYLAND	
Date of death 1902	Month Aug.	Day 29	Age	Years	Months
Sex male		Color or Race white		Birth-place	
Married, Single or Widowed single		Occupation			
Name of Wife or Husband					
Father's Name Henry Strock			Father's Birthplace Md.		
Mother's Maiden Name Fanny Schuman			Mother's Birthplace		
Name of person giving information Henry Strock			How related to deceased father.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Still Born	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Victor Duillen, Jr.
	Address 34 West Franklin Hagerstown, Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

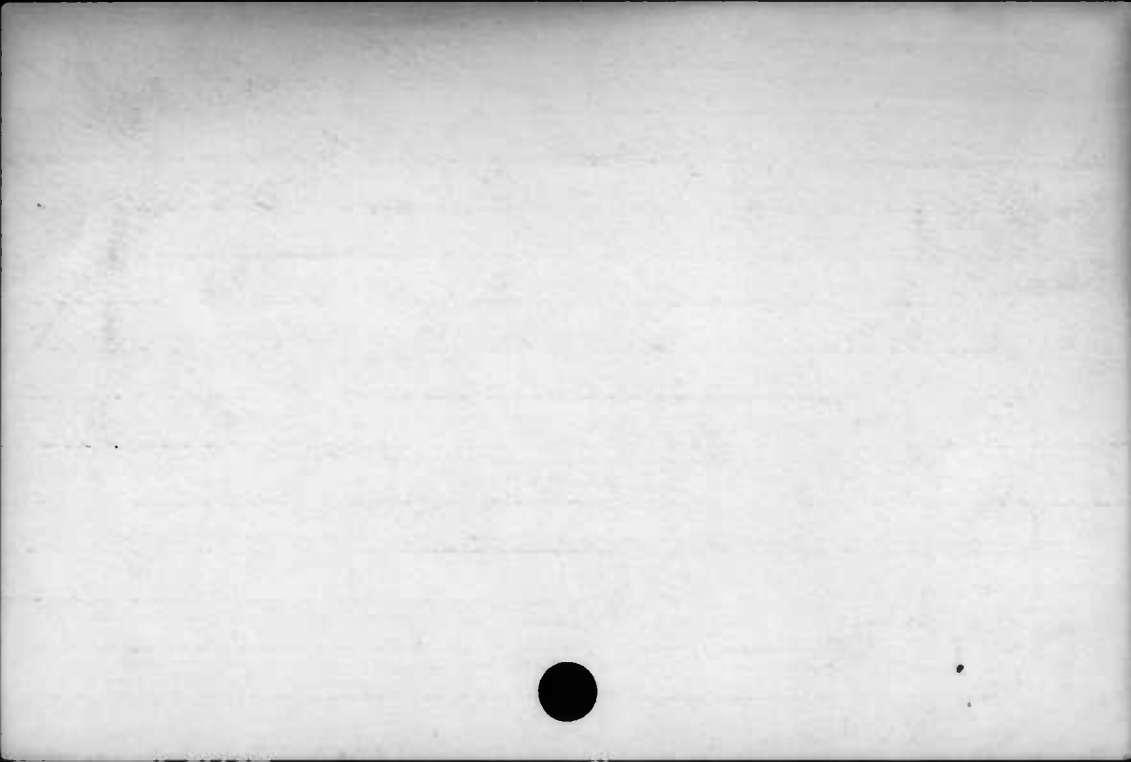
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Susan Wally</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Date of death 190 <i>r</i>		Month <i>8</i>		Day <i>29</i>	
Age <i>78</i>		Years <i>7</i>		Months <i>14</i>		Days <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband							
Father's Name <i>Jacob Thomas</i>				Father's Birthplace			
Mother's Maiden Name <i>Sheeter</i>				Mother's Birthplace			
Name of person giving information <i>Eliza Wally</i>				How related to deceased <i>79</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Disease of Heart</i>		How long <i>Couple years</i>	
Immediate <i>Exhaustion</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Scott</i>	
		Address <i>Hagerstown, Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Theodore H Weaver

CERTIFICATE OF DEATH

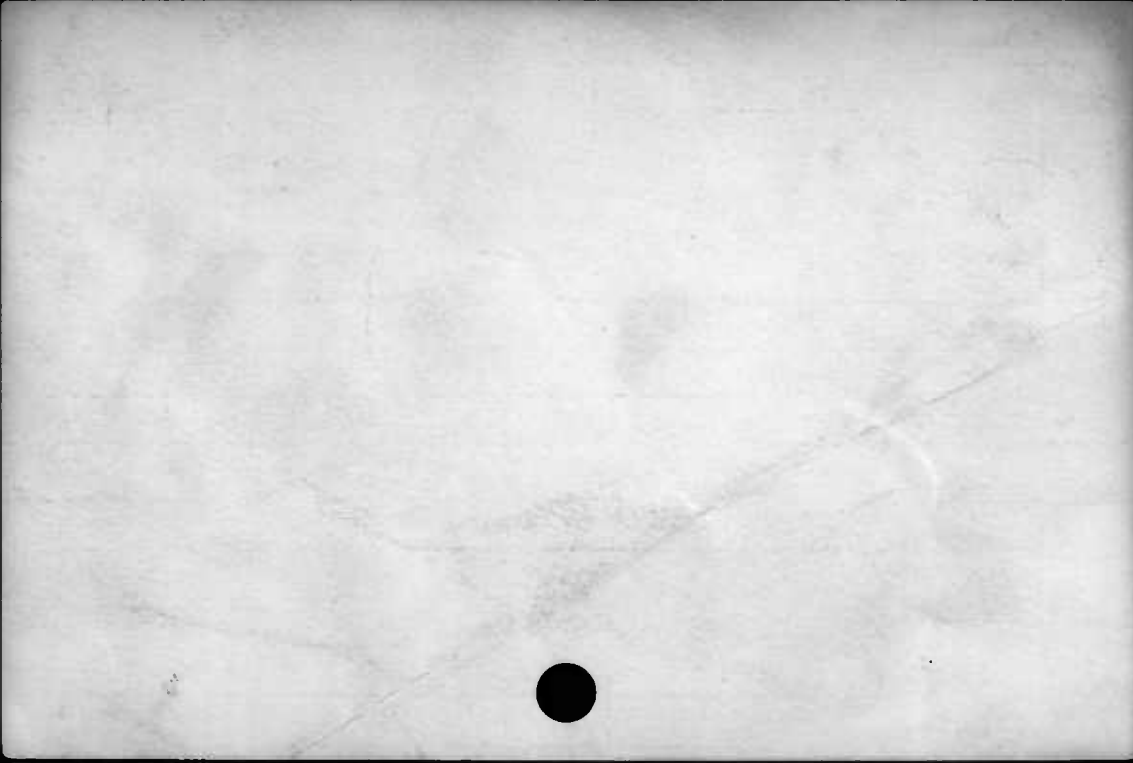
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
New Hope		Washington					
Date	Month	Day	Age	Years	Months	Days	
of death 1902	Aug	8	52		6	16	
Sex	Color or Race		Birth-place				
male	white		Fairplay Md.				
Married, Single or Widowed			Occupation				
Married			Stone Cutter				
Name of Wife or Husband							
Sarah Weaver							
Father's Name				Father's Birthplace			
David				Md			
Mother's Maiden Name				Mother's Birthplace			
Ann R Davis							
Name of person giving information				How related to deceased			
Mollie Weaver				Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculous	How long	1 yr
Immediate	Hemorrhages	How long	30 min
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		A. R. Coffman, M.D.	
		Address	
		Hagerstown	
		Maryland	
Accident or Suicide?			



Name in Full

Certificate of Death

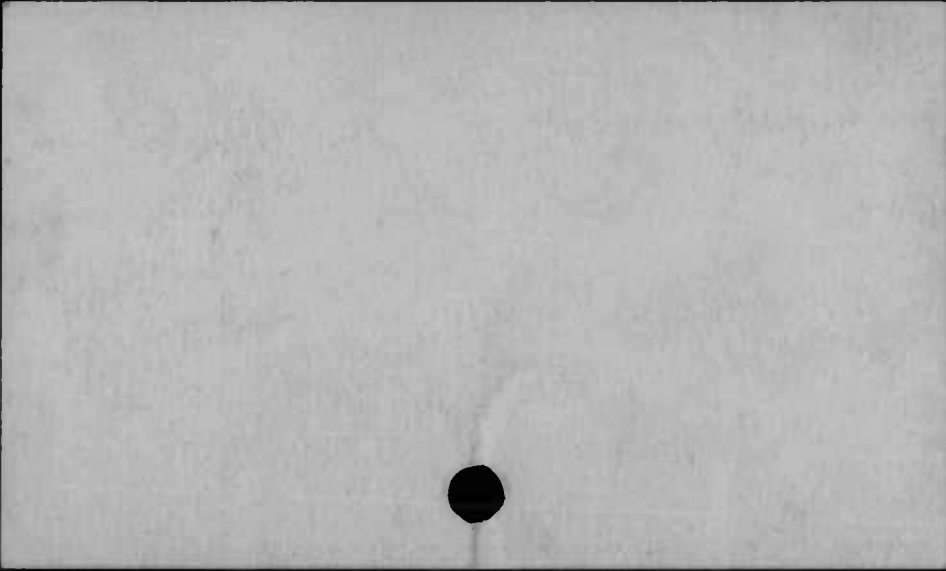
Jacob Weller
 Town County
 Died at Millstone Washington MARYLAND
 Date 1892 Aug 1 Y. M. D. Native of Md. Occupation Farmer
 Age 69.4
 Male White Married ~~Widow~~ ~~Divorced~~ ~~Single~~ Widower
 Number of children living ~~Eight~~

Husband of Susan Weller
 Wife of Jacob Weller
 Father's Name Jacob Weller Mother's Name Betsey Weller
 Cause of Death { Primary Mitral Regurgitation How long sick 1/2 hour
 Immediate Heart Failure Accident Suicide Homicide

Reported by J. L. West & M. D. 79
 Address Hancock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Mary Amanda Weller

CERTIFICATE OF DEATH

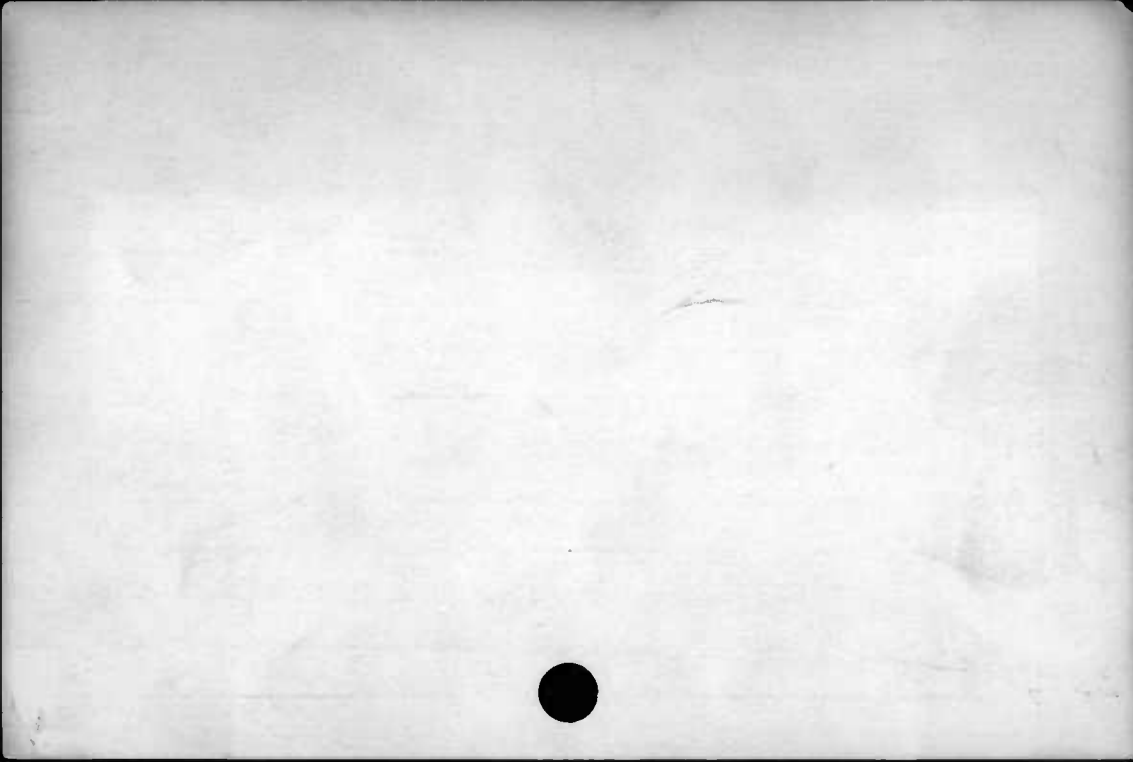
Died at ^{Town} *Washington Co. Alushouan* ^{County} *Washington*

MARYLAND

Date of death 1902 ^{Month} *Aug* ^{Day} *5* ^{Years} *79* ^{Months} *4* ^{Days}Sex *Female* Color or Race *White* Birth-place *Ind. Co. Md.*Married, Single or Widowed *Widow* Occupation *H.W.*Name of ~~Wife~~ *John Weller*
HusbandFather's Name *George Eyles* Father's Birthplace *Ind. Co. Md.*Mother's Maiden Name *Elsie Coffman* Mother's Birthplace *Ind. Co. Md.*Name of person giving information *John C. Weller* How related to deceased *Son*

CAUSES OF DEATH

Primary *Debility* *154* How long *3 Weeks*Immediate *Inanition* How longAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. J. Morrison*
Address *Hagerstown Md*Accident or Suicide? *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

103

John R. Wilson

Died at ^{Town} Williamsport ^{County} Wash.

MARYLAND

Date 1902 Aug. 5 - Age 41 1 13

Male White Married Widow Native of Md Occupation Painter

Female Colored Single Widower Number of children living

Husband of Florence Wilson

Wife of John R. Wilson

Father's Name John R. Mother's Maiden Name Henrietta Anderson

Cause of Death { Primary Gastritis Immediate Prostration

How long sick Four weeks

Accident, Suicide, Homicide

Reported by W. S. Richards

Address Williamsport Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John R Nelson
Jun 22 1861

Michael S Zimmerman

Town

County

Died at

MARYLAND

Ernstville

Wash.

Date

1902

Month - Day

8 - 3

Y.

M.

D.

Native of

Occupation

Male

Age

79 - 8 - 3

Penna

Storekeeper

Female

White

Married

Widow

Divorced

Single

Colored

Single

Widower

Number of children living

6

Husband

of

Deliah Zimmerman

Father's

Name

Jacob Zimmerman

Mother's

Name

Cause of

Primary

Heart Disease & Chronic Diarrhea

How long sick

6 mos

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Chas. D. Mason, M.D.

Address

Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

